

To Be Completed by Owner, Manager, or Caretaker Only

(Complete all appropriate information and mail or fax to agency address/fax number on first page)

Note: Completing this form does not guarantee rent payment.

General Information					
Tenant Name		Address			Apt Number
City	County	State	Zip Code	Phone Number	
Date Moved In	No. Adults in Unit	Children in Unit	Are you related to tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship
Dwelling Type <input type="checkbox"/> Mobile Home <input type="checkbox"/> Room (w/kitchen privileges) <input type="checkbox"/> Room & Board (Complete Section below)					
<input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Room Only <input type="checkbox"/> Other Specify: _____					
Is the rent or room and board reduced by caretaking or other such tenant responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes \$ _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other: _____					

Rental Information Section	
Total rent for unit \$ _____	Damage deposit paid? \$ _____
Amount of rent paid by tenant \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	Effective date: _____
Is the current rent paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, paid through _____	If not, amount due? \$ _____
Is any portion of the rent paid by rental subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is the subsidy from Public Housing, HUD project properties or Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____	
Will tenant be evicted within 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check (X) which utilities the tenant is responsible to pay:	
<input type="checkbox"/> Cooking stove <input type="checkbox"/> Trash removal <input type="checkbox"/> Water/sewer <input type="checkbox"/> Electricity <input type="checkbox"/> Telephone <input type="checkbox"/> Heat (Type) _____	
<input type="checkbox"/> Garage/plug-in Is garage or plug-in optional? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does tenant pay for A/C on their electric bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Room and Board	
Amount of room and board paid by tenant? \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month	Effective date: _____
Laundry included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Included? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the current room and board paid? <input type="checkbox"/> Yes Through _____ <input type="checkbox"/> No Amount due? _____	
Meals included in room and board? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> All	

Landlord Info				
Owner Name (Please print)		Daytime Phone Number		
Street Address	City	County	State	Zip Code
Name of Landlord/Manager Completing the Form (Please print)		Title	Phone Number	

I hereby that the information above is complete, true and correct.

Signature of landlord/manager completing form	Date
---	------

***** **Important:** Payment will guarantee residency for an additional 30 days! *****

Attn:
Fax Number: 651-789-2501